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Barnet Aids Bulletin

BARNET HEALTH AUTHORITY *for health professionals* AIDS EDUCATION UNIT

NEW TEST SERVICE

Barnet's new HIV Testing Service is now fully operational. Based at Colindale Hospital, the service is the first in the North West Thames Region to offer free and confidential testing with results on the same day or next day. The test for Human Immunodeficiency Virus shows whether the body has been infected by the virus that causes AIDS.

In most places, people have to wait up to two weeks for their results. For the 98% of people whose results are negative, this may be a period of intense and unnecessary worry. As Jonathan Neale, Barnet's HIV Counsellor, says: *"almost everybody convinces themselves that they're positive during those two weeks. We want to give people one anxious day instead of two anxious weeks".*

WORRIED ABOUT HIV OR AIDS?

phone Jonathan or Wendy

081-905-9779

Nevertheless, same day testing (particularly in some private clinics) has been criticised for not adequately preparing people for the possibility of a positive result. The AIDS Education Unit feels however that this danger can be minimised by providing comprehensive pre-test counselling and further support after the test for as long as it is needed.

People coming to the testing service first of all see a counsellor who explains about HIV and the test and answers any questions. At this stage they may decide that they do not want to have a test- some people just want to talk to a counsellor about their worries. Jonathan says: "*People come to us for many different reasons. We do not discriminate, and we do not judge. People can tell the counsellor anything*".

If somebody does decide to have a test, a small blood sample is taken from their arm and sent off to the laboratory. Here it is tested for HIV, or to be more precise for the antibodies that the body produces after becoming infected with the virus.

Later, on the day of the test (or in some cases the next night), the person comes back for another appointment to be told their result. In most cases this is **negative**, but some people will be given a **reactive** result. This means that the first test in the lab seemed positive. Since it is possible (though rare) that the first result is false, the sample is checked for two more tests, taking about two weeks.

For various reasons results cannot be given over the phone, even if they are negative. If people can't get to their appointment for the result, they can phone up and make another appointment.

The service is completely **confidential**. Only the person being tested will be told their result. Jonathan stresses: "*If a relative, employer or anybody else phones up to ask about somebody's result, we will not even reveal if they have been here. It is up to the individual who they tell. When people are tested we do ask for their full name and date of birth. This is so we don't mix up their blood sample with somebody else's. Some people give a false name; this is fine, so long as they remember what name they gave when they come back for their result*".

The HIV Testing Service is based at the HIV Education Centre at Colindale Hospital (near to Colindale tube), with tests being carried out on Wednesdays. People need to phone for an appointment: 081-905-9779 (ask for Jonathan or Wendy).

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Promoting safer sex for patients: a course for general practitioners

The AEU are organising this course at Edgware Post Graduate Medical Centre on the 9th and 16th of April, 1:30pm-4:30pm. The aims of the course are to examine obstacles to condom use, to explore non-condom alternatives to safer sex, and to develop skills in overcoming patients' objections to the adoption of safer sex. For further details phone Ugo or David, 081-905-9779 (only 15 places available).

Gay Bereavement Project

Ann Raitt has started working as the GBP's first paid worker (funded by Barnet Health Authority). Based in an office here at the AEU she will be dealing with the administration of the Project, which offers telephone support, advice and counselling to lesbians and gay men bereaved by the death of a partner. The GBP Helpline is on 081-455-8894. For admin. enquiries call 081-200-0511.

Jewish AIDS Trust

The Trust has made rapid progress since Ian Mandleberg took up his post as its administrator. A team of volunteers is being trained, and it is hoped to begin providing a full range of services (including face to face and telephone counselling) from the week beginning April 22. (contact Ian on 081-200-0369).

Voluntary Sector Conference

A one day conference on HIV/AIDS and the voluntary sector is to be held at the AEU on 18 April. A range of local groups have been invited to attend, along with speakers from Positively Women and Hillingdon AIDS Response Trust. For further details, contact Elaine Moss (Barnet Voluntary Service Council): 081-346-9723/8644.

HIV & AIDS UPDATE

1990 HIV & AIDS FIGURES

The 1990 AIDS and HIV figures have been released by the Department of Health. The total number of AIDS cases reported in the UK was 4102 up to the end of December 1990 (of which 2260 have died). North West Thames Region accounted for 39.5% of these (1621 cases).

The myth persists that AIDS is a "gay disease". However during 1990 the number of cases of UK AIDS acquired by heterosexual intercourse rose by 98% from 135 to 268 (worldwide vaginal intercourse is the main route of HIV infection). By contrast the number of cases in homosexual or bisexual men rose more slowly by 42% from 2326 to 3295.

Similarly the number of reports of positive tests in people who have acquired HIV during heterosexual intercourse is increasing faster than in any other group. During 1990 the total rose by 61% from 766 to 1237. The overall total number of HIV antibody positive reports up to the end of 1990 was 15166.

IMPROVED LIFE EXPECTANCY

A study carried out at St Mary's Hospital in London found that life expectancy of people with AIDS has doubled from an average of ten months before 1987 to twenty months since then. This increase in survival time is largely due to a decline in the number of deaths caused by pneumocystis carinii pneumonia (PCP). In 1989, only 3% of AIDS deaths were caused by PCP, compared with 46% in 1986. Two possible reasons for this include the introduction of the drug zidovudine (AZT) in 1987 (leading to a decrease in the severity and frequency of opportunistic infection) and the use of drugs such as pentamidine in the early treatment of PCP. The authors conclude that: *"The improved survival of patients with AIDS and the improved quality of life that has accompanied it are encouraging".*

(B S Peters et al, Changing disease patterns in patients with AIDS in a referral centre in the United Kingdom: the changing face of AIDS, British Medical Journal, 302:203-7, 26/1/91)

The Aids Education Unit are running a series of one day HIV/AIDS awareness courses which will be of interest to everyone. The day has been designed to give up to date information and provide a forum around which the myths and misconceptions that surround AIDS can be discussed. The 1991 course dates are: 14th Mar, 19th Apr, 18th Jul, 13th Aug, 6th Sept, 18th Oct. To enrol simply phone: 081-905-9779.

SHOULD PATIENTS BE TESTED FOR HIV BEFORE SURGERY?

A lively debate has followed the publication in January of the Royal College of Surgeons' guidelines on the testing of patients for HIV antibodies before surgery. The RCS has rejected the universal testing of surgical patients for the time being. However the guidelines do suggest that surgeons should offer an HIV-test to patients they consider at risk of having been infected. In the event of such patients refusing to take a test, the RCS recommends that extra precautions should be taken during surgery. Furthermore the guidelines propose that if a member of theatre staff is injured and contaminated by the blood of a patient believed to be at high risk of HIV infection, patients may in some circumstances be tested for HIV infection while they are unconscious.

Concern has been expressed by both the British Medical Association and the General Medical Council about the prospect of taking blood from patients without their consent.

It is also clear that unconscious patients could not be offered pre-test counselling. This is generally considered to be essential on the basis that an individual needs to be prepared for the implications of a positive test result. The stigma associated with HIV means that a person known to be infected may face all sorts of problems from employers, insurance companies, etc. in addition to the prospect of future ill-health.

by Corinne Pearlman, from THT "Testing Concerns"

Surgeon Paul Carter and others from University College & Middlesex School of Medicine have questioned whether testing without consent actually offers any benefit to health workers. In a letter to **the Independent** (11/1/91) they point out that *"Testing patients after a health worker has been heavily contaminated by their blood will in no way alter the outcome for the health worker concerned. A single HIV test may catch the patient after he or she has been infected, but before the result is positive, and therefore be misleading"*. This is because the HIV test detects antibodies to the virus, and these may not be produced by the body until up to three months after being infected.

The RCS guidelines are based on the notion of "high risk" groups. In the field of HIV prevention, this approach has been largely abandoned as it is now recognised that it is what people do, not what they are, that puts them at risk. Clearly not everybody labelled as belonging to a high-risk group engages in high-risk behaviour. This point has been made by Penny Ballinger of London HIV and AIDS Nurses Group: *"Over the past year HIV infection has doubled amongst heterosexuals, and concepts such as "high risk" groups are not useful in predicting HIV infection"* (**Guardian**, 16/1/91). She also remarks: *"If a surgeon feels entitled to know my HIV antibody status if I were a patient, I would feel entitled to knowledge of his or her HIV and hepatitis B status"*.

An editorial in **Nursing Times** (16/1/91) argues that the RCS approach could lead to dangerous complacency when dealing with some patients: *"the emphasis on looking for patients from the misleadingly labelled "high risk" groups is likely to give surgeons...a false sense of security about protection from HIV and other blood-borne viruses, notably hepatitis B. The feeling that: 'We've tested the high-risk people, so we're OK' could, arguably increase risks to staff in this area."*

In the same article, **Nursing Times** goes on to advocate a "universal precautions" approach to infection control: *"every patient should be treated with all appropriate precautions, as if there is a risk of blood-borne infection. Exercising vigilance at all times would seem not only to be a safer option for staff than trying to sort out which patients are "high risk"; it is also a more humane way of approaching a difficult issue whose importance will increase in the 1990s"*.

SAFE DISPOSAL OF SHARPS FOR HEALTH WORKERS

Used needles left lying around are a potential source of transmission of blood-borne diseases, particularly hepatitis B, and less commonly HIV. In the last issue we included a diagram showing a method of needle and syringe safe disposal for injecting drug users. This method, advocated by drugs agencies such as Mainliners, involves dismantling the syringe as a first step to making it safe to handle.

For health workers using syringes in their work, matters are much simpler. Rather than dismantling them, they should put them straight into a sharps box. Barnet Health Authority's Waste Disposal Policy states:
"All sharps including: razors, complete intravenous giving sets, scalpel blades, suture needles, syringes and needles MUST be disposed of in the waste unit in use for sharp instruments".

In addition the British Medical Association advises following a number of basic rules:
(1) You used it - you bin it, (2) do not resheath needles, (3) discard needle and syringe as one unit, (4) dispose of sharps into a safe container, immediately after use, (5) do not leave used sharps lying around, (6) do not overfill sharps container.
(see BMA, A code of practice for the safe use and disposal of sharps, 1990)

CONTACTS

National Aids Helpline
0800 567 123
In Cantonese:
0800 282 445 (Tues eves)
In Urdu, Hindi, Punjabi, Gujerati and Bengali:
0800 245445 (Weds eves)
Afro-Caribbean service:
0800 567 123 (Fri eves)

Terrence Higgins Trust
071 831 0330
Helpline:
071 242 1010 (3-10pm daily)
Legal line, staffed by volunteer lawyers:
071 405 2381 (7-10pm Weds)

Body Positive (for people with HIV)
071 373 9124 (7-10pm daily)
071 483 1418 (Joe, North London)

Frontliners (for people with AIDS)
071 430 1199 (national office)
081 809 1454 (North London, based at St Anne's, Haringey)

Blackliners (for black communities)
081 673 1695

Jewish AIDS Trust
081 200 0369

Gay Bereavement Project
081 455 8894

Citizens Advice Bureaux
East Barnet 081 441 2384
Edgware 081 959 0915
Hendon 081 203 5801
Grahame Pk 081 205 4141
West Hendon 081 202 5177

Relate (relationship counselling)
081 445 9549

Barnet Drug & Alcohol Service
081 200 9525
Mobile Needle Exchange
0860 361133

Samaritans (North West London)
081 459 8585

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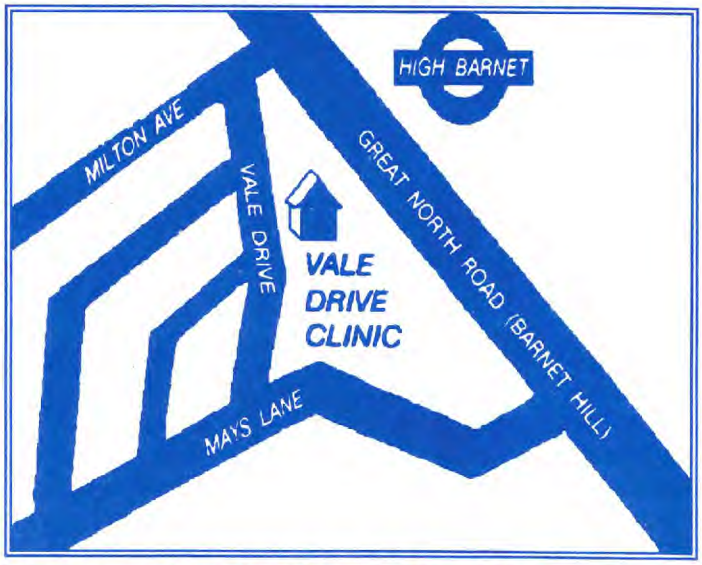
New Service for Young People

A new health and information service has started for teenagers in the Barnet Health District. The **Advisory Centre for Young People** opens every Wednesday from 5 pm to 7 pm at Vale Drive Clinic. Advice and counselling is provided in such areas as family planning, diet, smoking, alcohol and other drugs. Wendy Middleton, from the AIDS Education Unit, is to be on hand to give advice about HIV and AIDS. A family planning trained doctor and a nurse are also present; pregnancy tests and other health checks are available.

This drop-in service is designed to be both informal and confidential. It is hoped that this approach, with its emphasis on voluntary and self-help participation , will attract young people who are wary of more formal health care settings such as family planning clinics and G.P. surgeries.

How to find Vale Drive Clinic:



Buses: 263,234,34 Tube: High Barnet

Barnet Health Authority AIDS Education Unit,
Vaughan M Williams HIV Education Centre,
Colindale Hospital, Colindale Avenue,
London NW9 5GH

tel: 081-905-9779,
or internal ext. 3539

Coordinator: Martin Dockrell
Counselling: Jonathan Neale
Training: Ugo Okoli, David King
Administration: Wendy Middleton
Information Officer: Neil Orr